

PROJECT 10073 RECORD CARD

1. DATE 1 Apr 53	2. LOCATION Kettering, Ohio	12. CONCLUSIONS <input type="checkbox"/> Was Balloon <input type="checkbox"/> Probably Balloon <input type="checkbox"/> Possibly Balloon <input type="checkbox"/> Was Aircraft <input checked="" type="checkbox"/> Probably Aircraft <input type="checkbox"/> Possibly Aircraft <input type="checkbox"/> Was Astronomical <input type="checkbox"/> Probably Astronomical <input type="checkbox"/> Possibly Astronomical <input type="checkbox"/> Other _____ <input type="checkbox"/> Insufficient Data for Evaluation <input type="checkbox"/> Unknown
3. DATE-TIME GROUP Local 1945 GMT 02/0045Z	4. TYPE OF OBSERVATION <input checked="" type="checkbox"/> Ground-Visual <input type="checkbox"/> Ground-Radar <input type="checkbox"/> Air-Visual <input type="checkbox"/> Air-Intercept Radar	
5. PHOTOS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6. SOURCE Civilian	
7. LENGTH OF OBSERVATION 30 secs	8. NUMBER OF OBJECTS one	9. COURSE S to E to NE
10. BRIEF SUMMARY OF SIGHTING Obj looked like a truck, white flame color. No trail. Very slender. Long w/some width. Went South turned East and disappeared to NE toward WPAFB.		11. COMMENTS Probably an a/e.

Multi to Envelope 1417172

U. S. AIR FORCE TECHNICAL INFORMATION SHEET

This questionnaire has been prepared so that you can give the U. S. Air Force as much information as possible concerning the unidentified aerial phenomenon that you have observed. Please try to answer as many questions as you possibly can. The information that you give will be used for research purposes, and will be regarded as confidential material. Your name will not be used in connection with any statements, conclusions, or publications without your permission. We request this personal information so that, if it is deemed necessary, we may contact you for further details.

1. When did you see the object?

20/4/1958

Day

Month

Year

2. Time of day: 19 45

Hour

Minutes

(Circle One): A.M. or P.M.

3. Time zone:

(Circle One): a. Eastern

b. Central

c. Mountain

d. Pacific

e. Other _____

(Circle One): a. Daylight Saving
b. Standard

4. Where were you when you saw the object?

Where were you located?

Nearest Postal Address

City or Town

State or Country

Additional remarks: _____

5. Estimate how long you saw the object.

Hours _____ Minutes _____ Seconds _____

5.1 Circle one of the following to indicate how certain you are of your answer to Question 5.

a. Certain

b. Fairly certain

c. Not very sure

d. Just a guess

6. What was the condition of the sky?

(Circle One): a. Bright daylight

b. Dull daylight

c. Bright twilight

d. Just a trace of daylight

e. No trace of daylight

f. Don't remember

7. IF you saw the object during DAYLIGHT, TWILIGHT, or DAWN, where was the SUN located as you looked at the object?

(Circle One): a. In front of you

b. In back of you

c. To your right

d. To your left

e. Overhead

f. Don't remember

B. IF you saw the object at NIGHT, TWILIGHT, or DAWN, what did you notice concerning the STARS and MOON?

8.1 STARS (Circle One):

- a. None
- b. A few
- c. Many
- d. Don't remember

8.2 MOON (Circle One):

- a. Bright moonlight
- b. Dull moonlight
- c. No moonlight — pitch dark
- d. Don't remember

9. Was the object brighter than the background of the sky?

(Circle One):

- a. Yes
- b. No
- c. Don't remember

10. IF it was BRIGHTER THAN the sky background, was the brightness like that of an automobile headlight?:

(Circle One) a. A mile or more away (a distant car)?

- b. Several blocks away?
- c. A block away?
- d. Several yards away?
- e. Other

11. Did the object:

(Circle One for each question)

a. Appear to stand still at any time?	Yes	<input checked="" type="radio"/> No	Don't Know
b. Suddenly speed up and rush away at any time?	Yes	<input checked="" type="radio"/> No	Don't Know
c. Break up into parts or explode?	Yes	<input checked="" type="radio"/> No	Don't Know
d. Give off smoke?	Yes	<input checked="" type="radio"/> No	Don't Know
e. Change brightness?	Yes	<input checked="" type="radio"/> No	Don't Know
f. Change shape?	Yes	<input checked="" type="radio"/> No	Don't Know
g. Flicker, throb, or pulsate?	Yes	<input checked="" type="radio"/> No	Don't Know

12. Did the object move behind something at anytime, particularly a cloud?

(Circle One): Yes

No

Don't Know.

IF you answered YES, then tell what

it moved behind:

13. Did the object move in front of something at anytime, particularly a cloud?

(Circle One): Yes

No

Don't Know.

IF you answered YES, then tell what

it moved in front of:

14. Did the object appear: (Circle One):

a. Solid?

b. Transparent?

c. Don't Know,

Clouds
Clouds
Clouds

15. Did you observe the object through any of the following?

a. Eyeglasses	Yes	<input checked="" type="radio"/> No
b. Sun glasses	Yes	<input checked="" type="radio"/> No
c. Windshield	Yes	<input checked="" type="radio"/> No
d. Window glass	Yes	<input checked="" type="radio"/> No

e. Binoculars	Yes
f. Telescope	Yes
g. Theodolite	Yes
h. Other	<input checked="" type="radio"/> No

16. Tell in a few words the following things about the object.

a. Sound Kite & TRAIL

b. Color White Flame or smoke

17. Draw a picture that will show the shape of the object or objects. Label and include in your sketch any details of the object that you saw such as wings, protrusions, etc., and especially exhaust trails or vapor trails. Place an arrow beside the drawing to show the direction the object was moving.

NO TRAIL

South & east to N.E.



18. The edges of the object were:

(Circle One): a. Fuzzy or blurred

b. Like a bright star

c. Sharply outlined

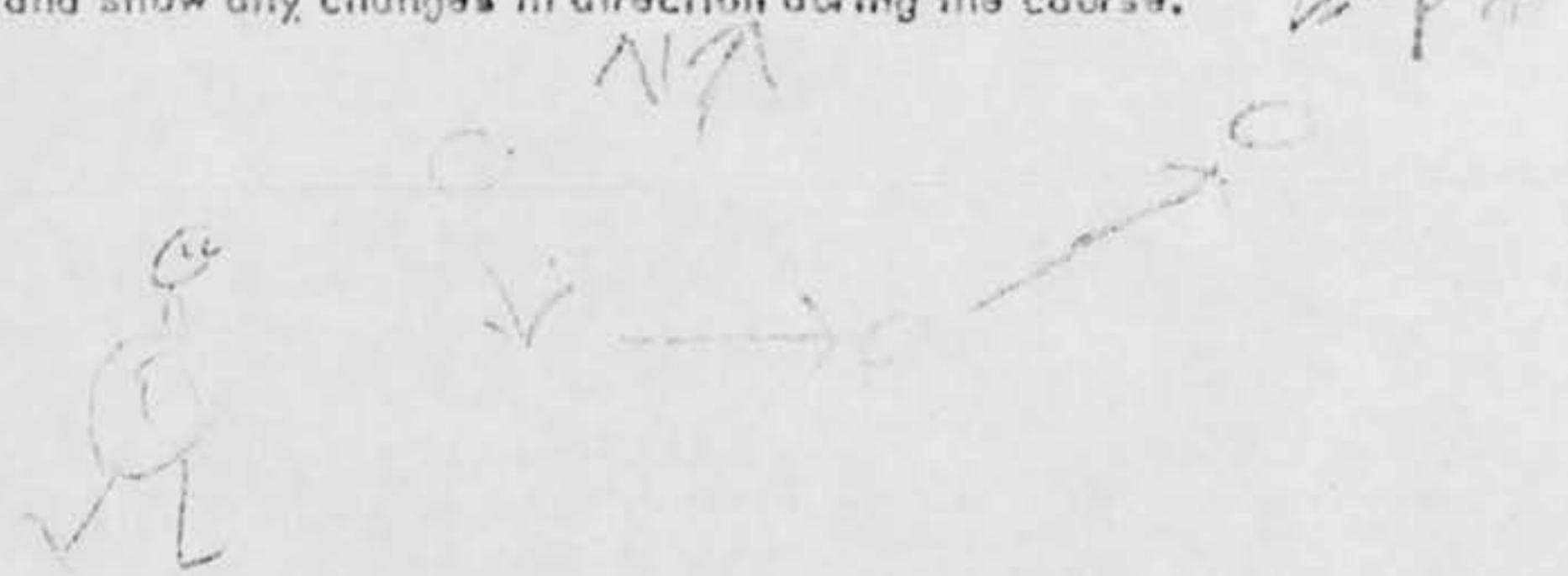
d. Don't remember

e. Other _____

19. IF there was MORE THAN ONE object, then how many were there? _____

Draw a picture of how they were arranged, and put an arrow to show the direction that they were traveling.

20. Draw a picture that will show the motion that the object or objects made. Place an "A" at the beginning of the path, a "B" at the end of the path, and show any changes in direction during the course.



21. IF POSSIBLE, try to guess or estimate what the real size of the object was in its longest dimension.
_____ feet.

22. How large did the object or objects appear as compared with one of the following objects held in the hand and at about arm's length?

(Circle One):

a. Head of a pin	g. Silver dollar
b. Pea	h. Baseball
c. Dime	i. Grapefruit
d. Nickel	j. Basketball
e. Quarter	k. Other <u>Large Shaker</u>
f. Half dollar	<u>W 512</u>

22.1 (Circle One of the following to indicate how certain you are of your answer to Question 22.

a. Certain	c. Not very sure
b. Fairly certain	d. Uncertain

23. How did the object or objects disappear from view?

If see trees out of

24. In order that you can give as clear a picture as possible of what you saw, we would like for you to imagine that you could construct the object that you saw. Of what type material would you make it? How large would it be, and what shape would it have? Describe in your own words a common object or objects which when placed up in the sky would give the same appearance as the object which you saw.

Large Shaker (W 512 PST)
With dome with

25. Where were you located when you saw the object? (Circle One):

- a. Inside a building
- b. In a car
- c. Outdoors
- d. In an airplane
- e. At sea
- f. Other _____

26. Were you (Circle One)

- a. In the business section of a city?
- b. In the residential section of a city?
- c. In open countryside?
- d. Flying near an airfield?
- e. Flying over a city?
- f. Flying over open country?
- g. Other _____

27. What were you doing at the time you saw the object, and how did you happen to notice it?

Studying - reading

28. IF you were MOVING IN AN AUTOMOBILE or other vehicle at the time, then complete the following questions:

28.1 What direction were you moving? (Circle One)

a. North	c. East	e. South	g. West
b. Northeast	d. Southeast	f. Southwest	h. Northwest

28.2 How fast were you moving? _____ miles per hour.

28.3 Did you stop at any time while you were looking at the object?

(Circle One) Yes No

29. What direction were you looking when you first saw the object? (Circle One)

a. North	c. East	e. South	g. West
b. Northeast	d. Southeast	f. Southwest	h. Northwest

30. What direction were you looking when you last saw the object? (Circle One)

a. North	c. East	e. South	g. West
b. Northeast	d. Southeast	f. Southwest	h. Northwest

31. If you are familiar with bearing terms (angular direction), try to estimate the number of degrees the object was from true North and also the number of degrees it was upward from the horizon (elevation).

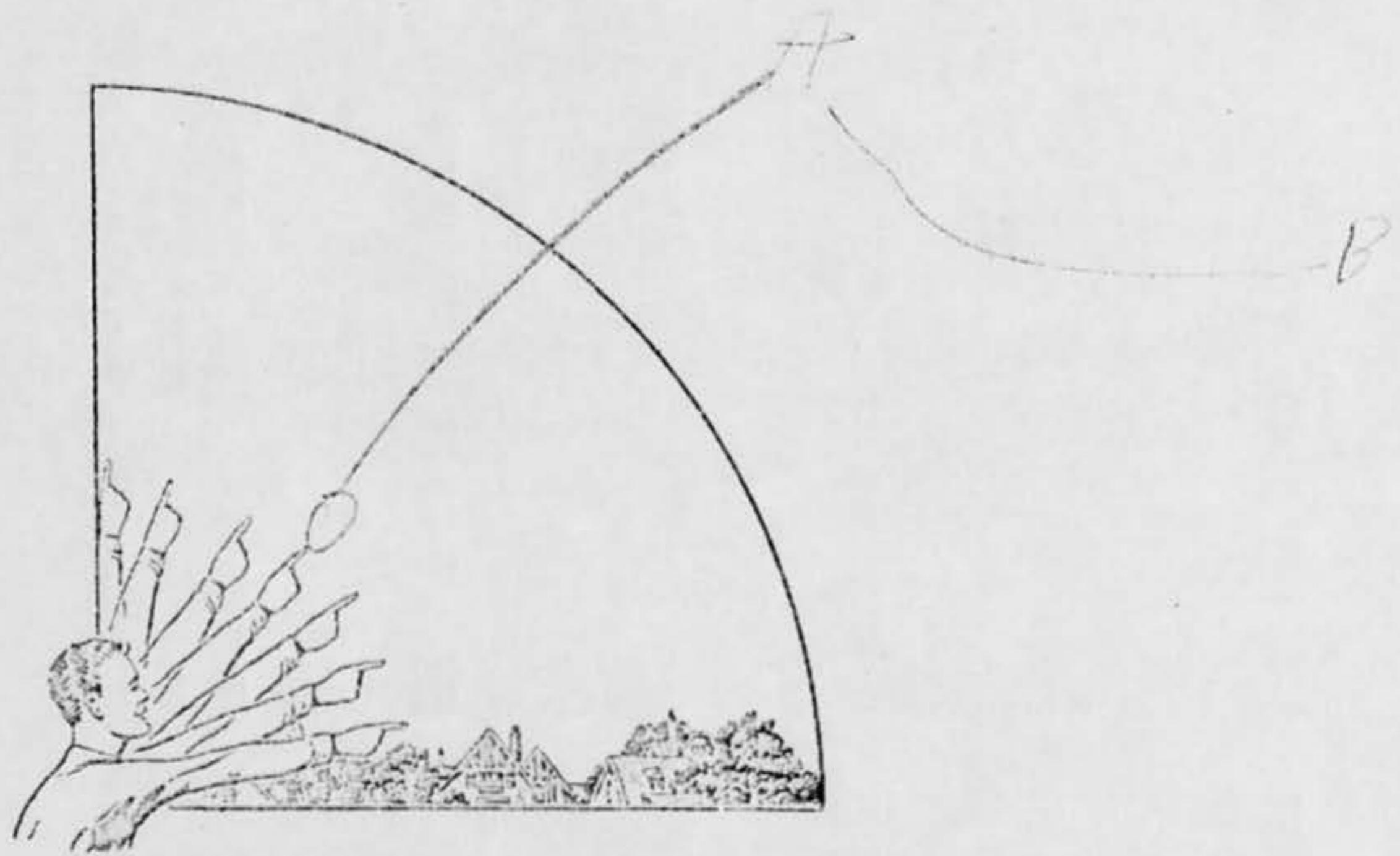
31.1 When it first appeared:

- a. From true North Do not know degrees.
- b. From horizon _____ degrees.

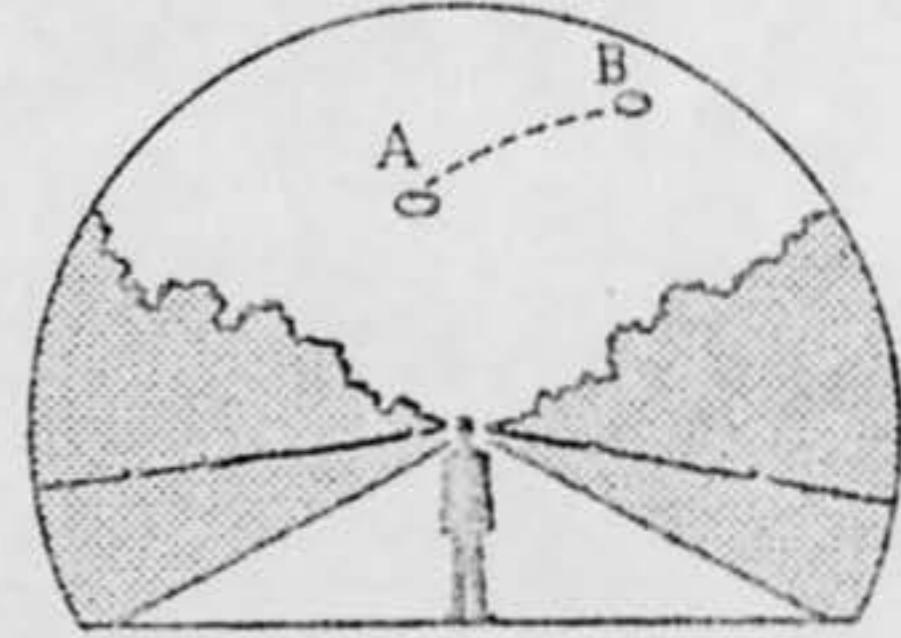
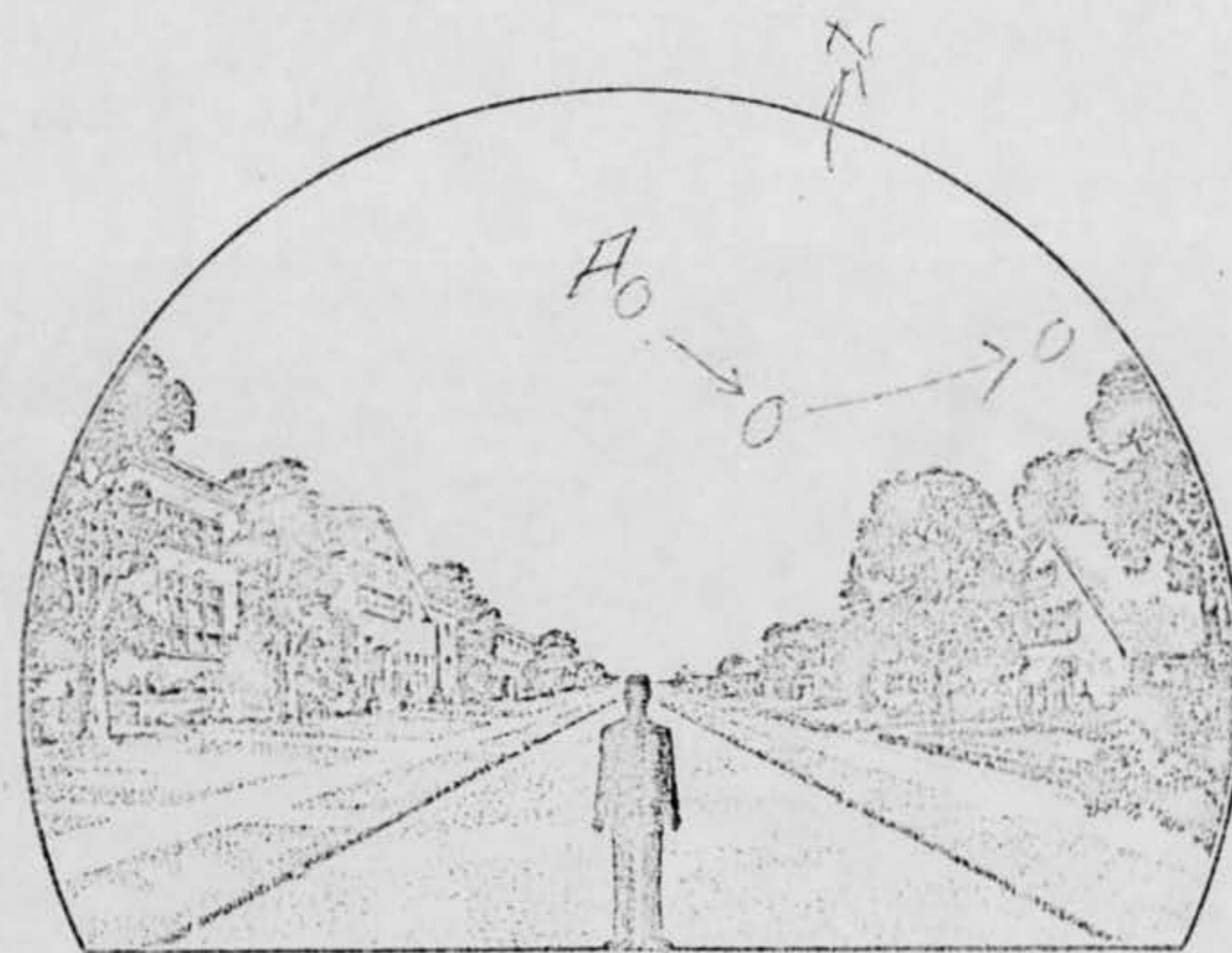
31.2 When it disappeared:

- a. From true North ✓ degrees.
- b. From horizon _____ degrees.

32. In the following sketch, imagine that you are at the point shown. Place an "A" on the curved line to show how high the object was above the horizon (skyline) when you *first* saw it. Place a "B" on the *same* curved line to show how high the object was above the horizon (skyline) when you *last* saw it.



33. In the following larger sketch place an "A" at the position the object was when you *first* saw it, and a "B" at its position when you *last* saw it. Refer to smaller sketch as an example of how to complete the larger sketch.



34. What were the weather conditions at the time you saw the object?

34.1 CLOUDS (Circle One)

- a. Clear sky
- b. Hazy
- c. Scattered clouds
- d. Thick or heavy clouds
- e. Don't remember

34.3 WEATHER (Circle One)

- a. Dry
- b. Fog, mist, or light rain
- c. Moderate or heavy rain
- d. Snow
- e. Don't remember

34.2 WIND (Circle One)

- a. No wind
- b. Slight breeze
- c. Strong wind
- d. Don't remember

34.4 TEMPERATURE (Circle One)

- a. Cold
- b. Cool
- c. Warm
- d. Hot
- e. Don't remember

35. When did you report to some official that you had seen the object?

Day

Month

Year

36. Was anyone else with you at the time you saw the object?

(Circle One) Yes No

36.1 IF you answered YES, did they see the object too?

(Circle One) Yes No

36.2 Please list their names and addresses:

37. Was this the first time that you had seen an object or objects like this?

(Circle One) Yes No

37.1 IF you answered NO, then when, where, and under what circumstances did you see other ones?

38. In your opinion what do you think the object was and what might have caused it?

Don't know

39. Do you think you can estimate the speed of the object?

(Circle One) Yes NoIF you answered YES, then what speed would you estimate? Very Fast m.p.h.

40. Do you think you can estimate how far away from you the object was?

(Circle One) Yes NoIF you answered YES, then how far away would you say it was? Very Far feet.

41. Please give the following information about yourself:

NAME ██████████ Last Name

First Name

Middle Name

ADDRESS ██████████ StreetCITY KETTERING

Zone

STATE OHIOTELEPHONE NUMBER ██████████What is your present job? STUDENTAge 14Sex MA

Please indicate any special educational training that you have had.

a. Grade school _____

e. e. Technical school _____

b. High school

(Type) _____

c. College _____

f. Other special training _____

d. Post graduate _____

42. Date you completed this questionnaire:

Day _____ Month _____ Year _____

*The small boys usually saw an object, and was confused when they heard a truck engine.**PHB JHC*